

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/590689

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
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8		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	9					
TOTAL CLAIMS	53					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
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96						
97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CITATIONS					←	←